

Multi-Drug Resistant Organisms (MDRO)

Date: 03/09/2023

Utah Healthcare Infection Prevention Governance Committee

Attendees:

Ashley Miller, Bea Jensen, Elena Snelten, Giulia De Vettori, Jacob Anderson, Janelle Kammerman, Jeff Rogers, Joni Jonson, Josh Mongillo, Kris Dascomb, Linda Rider, Becky Ess, Tariq Mosleh, Trina Keane, Zoey Bridges

Agenda Topics:

Introductions

12:00–12:05 Subcommittee Chair: Elena Snelten, Additional representation (Becky Ess)

MDRO Control and Education Mission, Vision, and Goals

12:05–12:15 Review the mission and vision statement (Becky Ess)

Action Steps/Plan

12:15–12:40 Action Steps/Plan 1-7 (Elena Snelten)

Subcommittee Outcomes

12:40–12:50 Outcomes 1-6 (Elena Snelten)

Situational Awareness

12:50–1:00 Current state of MDROs, MDROs in the news (Elena/Becky)

Convene

Discussion:

Introductions

- Becky Ess, DHHS HAI Epidemiologist
- Chair: Elena Snelten, Lead IP at the VA, CIC.

MDRO Control and Education Mission, Vision, and Goals

UHIP-GC Purpose: To provide leadership and direction for healthcare-associated infection prevention and reporting activities in Utah.

- **Review the mission and vision statement**

- **Mission:** Protect the residents of Utah from multiple-drug resistant (MDRO) infections through prompt identification and response to MDRO outbreaks in coordination with education for various healthcare facility settings (LTACH, LTCF, Dialysis, Outpatient, Acute Care Hospitals).
 - Josh - suggested adding Healthcare-associated infections. After discussion, decided to keep it more general and leave the mission statement as is.

- **Vision:** The State of Utah will lead the national efforts to eliminate multidrug-resistant organism infections. Utah strives to reduce the amount of multidrug-resistant organisms in healthcare settings while also improving our detection and response.
 - No suggested changes
- **Goal:** Improve detection, response, and education of multidrug-resistant organisms (MDRO) through collaboration with healthcare facilities to create additional educational opportunities, enhance awareness, address gaps and implement standardized MDRO focused infection prevention and control practices throughout the state of Utah.
 - No suggested changes
- Reach out to Elena or Becky if you have any changes

Action Steps/Plan

1. Bring awareness of MDROs to all healthcare settings
 - a. [CPO](#), CRO, [C. auris](#), ...
 2. Updating the interfacility transfer form
 - a. Encourage use of any transfer form through training programs. Potentially use nursing schools.
 - b. Promote interfacility communication
 - This is a standardized form that is in the process of being updated.
 3. Build networking and professional relationships between ACHs, LTC, DHHS, medical training programs, and professional organizations
 4. Transmission based precautions
 - a. Provide education for training programs including CNA and nursing schools
 - b. Rationale between why there are differences between precautions
 5. Colonization considerations and Enhanced Barrier Precautions
 - a. LTC in-service training
 6. Understanding of admission practices
 - a. Screening processes, surveillance
 7. Disseminate [MDRO guide](#)
 - This is a guide put together by the DHHS HAI team
 8. EPA cleaning practices (MDRO guide, page 23)
- Discussion
 - Linda: Considering education efforts with professional programs, would we want to consider adding a representative from a training program?
 - Becky: Yes, if you have contacts that may be good to involve, please let Becky (rebekahess@utah.gov) or Elena (elena.snelten@va.gov) know.

Subcommittee Outcomes

Action Plan for Control

1. Increased compliance with transfer forms
2. Build survey to assess admission, transfer, and discharge processes to build consistency
3. Increase participation and engagement in this meeting
 - a. Outpatient groups (dialysis, SDS, dental practices)
 - b. What other groups may need to be involved?
4. Promote Infection Control Assessment and Response (ICAR) in healthcare settings

Action Plan for Education

5. Create needs assessment from UHIP subcommittee to identify MDRO education priorities
 - a. As more epi significant organisms present themselves, this group can be utilized for education priorities.
6. Create Train-the-trainer in-services
 - a. MDRO guide
 - b. Certificates for Quality Assurance and Performance Improvement (QAPI)

● Discussion

- Josh: Interfacility transfer form, trying to push for facilities to use this as a way to communicate between facilities about MDROs. Issues include difficulties with this being a paper form as many facilities are trying to move more to a digital format. Can we make this form into a digital format for other organizations?
 - Becky: Updating this form has included other organisms we watch for including *C. auris*. If you have other transfer forms you use in your facility, those are also welcome. The goal is to provide communication between systems, even if this means a sticky note on top of a file.
 - Elena: This can be implemented by anyone.
 - Linda: New document from CDC discusses how communication is a main part of the containment of MDROs and preventing the continued spread.
- Becky: We talked about reaching out to nursing programs to educate them on this form as an essential part of the transfer form. What other ideas come up about spreading awareness? Any other groups? New employee orientation for nurses, etc.
 - Kris: like Jeff's idea to integrate environmental cleaning managers as a stakeholder to this group if they are not already
 - Elena mentioned that this is a part of orientation for new staff that we could attempt to standardize in different healthcare settings.
 - Linda: I like the idea of working with discharge planners and admission coordinators
 - Joni Johnson: I agree with discharge planners
 - Linda Rider: In LTC, the admission coordinators often have limited healthcare experience

- Elena: Agreed, one on one teaching moments has been helpful. We could reach out to IPs to help facilitate this training and teaching moment
- Jeff: The environmental cleaning managers are in charge of training their staff. Having them understand the why behind what they are doing. A lot of these organisms are biofilm forming organisms, emphasizing the prevention of these biofilms would be very beneficial.
- Trina: Housekeeping, EVS, tend to be afraid, knowledge is power. Giving them this training will help them be more effective.
- Becky: EVS, nurses, admission planners, discharge planners, make sure each of these groups are in place. What type of education do we need to teach each of these groups? This may help with implementing education.

Situational awareness

- We will discuss this each week. This is where we can discuss current MDROs, discuss where we are at with our response and how to respond.

Current State of MDROs

- Endemic definition
- C. auris
- Becky: <https://www.cdc.gov/hai/pdfs/mdro-guides/Health-Response-Contain-MDRO-508.pdf> pg 22 lists endemic organisms. They talk about endemic organisms that are not defined by CDC. This is something we are working on at the State to decide what would qualify as endemic. Discussing C. auris. Not finalized yet, but will bring back to the group when we have more into.

MDROs in the news

- VIM CRPA (Carbapenem resistant Pseudomonas aeruginosa)
 - Josh: There were a few cases in UT and across the US that were associated with artificial tears. Started following cases in UT, CDC said there were other similar cases across the US. There was no travel history so CDC began looking at products and manufactures. They were able to isolate VIM CRPA from Artificial eyedrops. Haven't had any additional cases in UT for some months. There was an alert that went out recommending stopping use of the artificial tears. IPC is very important in situations like this to prevent spread to others who may not use the contaminated product, but could still become infected. In UT we had greater than 5 cases. <https://www.cdc.gov/hai/outbreaks/crpa-artificial-tears.html>
 - Working on definitions for data distribution, what info can be given out without causing PHI issues.
- XDR Shigella
 - Becky: We have more than 5 cases in UT and are also seeing cases across the US. Seeing this mainly in the MSM community. There is also a new Gonorrhea strain that is

extremely drug-resistant, we don't have any cases in UT yet. We need to continue education on antibiotic use and when it is appropriate and when it is not.

- Dr. Dascomb: Shigella cases were a worry due to clinicians potentially changing practices around antibiotic prescriptions. Discussed this mainly with the ID group. It binds hands when trying to do more stewardship and when we are facing things like C. auris and C. diff.
- Becky: Our last case was towards the end of 2022, we didn't know we were a part of this outbreak until the CDC let us know they were releasing this info. Epi graph shows that cases have increased a lot over the last month, 130 cases in total. We need to continue watching for this especially with travel.
- Trina: Do we have tracking to determine where the Shigella is coming from here in Utah?
 - Becky: more than half of our cases were MSM, but none of them seemed to have Epi links so there may be more cases we are not aware of.
- Jeff: One of the major players in moving patients around is the EMS group, may want to include representatives from those who work at ambulance bays and other areas that may not be aware of the transfer form or other MDRO practices.
 - Becky: Agreed this is a group we should reach out to to continue to facilitate this communication.

Convene

Every eight weeks

- 05/04/2023

Minutes will be posted to the HAI website and will be sent out on Monday

- <https://epi.health.utah.gov/uhip-governance-minutes/>

Next Meeting Discussion/Questions

- No suggested discussion topics at this time.

Next Meeting: May 4, 2023